LAKE COUNTY FILED FOR RECORD

2012 059314

2012 AUG 31 AM 10: 11

100486641

TO:

MICH!! RECORDER

Return To:

Tony Marks

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Tony Marks	Attorney:
	603 Fair Ave	
	Lancaster, OH 43130	
	Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center 2293 North Main Street		311 W. Washington Street
010 101110	, indiana 40507	Indianapolis, Indiana 46204
IN 46402, 1	intends to hold a Hospit re, treatment or maintena	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, al Lien for all reasonable and necessary charges for ince of the above listed patient as follows:
1.	The patient was admitted	to the hospital on June 26 , 2012
and was dis		on June 26 , A 2012 .
2 aborro boanne	The amount due for hospi	tal care, treatment or maintenance during the
	121.50) Dollars.	ke County Recorder tal's knowledge, the patient or the patient's
	esentative claims that t	he following named individuals and/or entities are
liable for stay.	damages arising from th	e patient's illness or injury causing the hospital
This	Lien is being filed pursu	mant to the Hospital Lien Law, I.C. Section 32-33-4 in
the Office	of the Recorder of the	County in which the Hospital is located, within one
hundred and	eighty (180) days after	the patient was discharged from the Hospital. The
undersigned	individual executing thi	s instrument, having been duly sworn upon oath, under
the penalt1	es of perjury, hereby st	cates that the Hospital intends to hold the Hospital
Lien as de	scribed above and that	the facts and matters set forth in the foregoing
statement an	re true and correct.	
		THE METHODIST HOSPITALS, INC.
		(1) By Misich
STATE OF IN	ANA	
OTATE OF THE) ss	Angle Dukich
COUNTY OF LA		VOIANA LIEU
	,	
		eing a Patient Representative for The Methodist
Hospitals,	Inc., being duly sworn up	oon oath, says that the facts stated in the foregoing
are true and	d correct.	
		(2) Ungel Broken
		Angie Daukich
		me, a Notary Public, this day of
Myss	, 2012.	Avis M Sha
My Commissio	on Expires	Notary Public
	m Empires.	A Resident of Lake County
March 2	Y 2019	Thousand of <u>make</u> county
	<i>'</i>	
I affirm, u	nder the penalties for p	perjury, that I have taken reasonable care to redact
each social	security number in this of	document, unless required by law.
This Instrum	ment Prepared By:	E TE
	_	e F. Hites, Attorney at Law
		Broadway, Merrillville, IN 46410
	11 -	10.110
AMOU	INT \$	
CASH.		
CHEC	K# <i>18d&</i> D	CARY POR LISA M. STOUT
OVER		LISA M STONE Resident of Lake County IN
COPY		
	-COM	March 24, 2019
CLEF	1 12 .	

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CLERK__